

### **THIS IS NOT YOUR PARENT'S MJ: POTENCY IS ON THE RISE**

- In 2009, THC concentrations in marijuana averaged close to 10% compared to around 4% in the 1980s. This may account for increase in ER visits and increases the risk of addiction.
- Between 1993 and 2008, the average concentration of THC in confiscated marijuana jumped from 3.4 to 8.8 percent. Meanwhile hospital and rehabilitation center admission rates for minors abusing marijuana soared by 188 percent between 1992 and 2006. In contrast, admissions for alcohol abuse for the same group over the same period declined by 64 percent.

### **RISKS ARE GREAT**

- Alters the brain's neurons causing short and long-term negative effects: THC, one of over 400 chemicals in marijuana over-activates the brain's endocannabinoid system, causing the high and interfering with the neural communication network that plays an important role in normal brain development and function.
- Reduced inhibitions lead to risky behaviors, distorted perceptions impair coordination, thinking and problem solving become difficult as does learning and memory.
- Adolescent use harms the brain, lowering IQ 7-8 points; use before age 15 means a threefold likelihood of later mental illness such as schizophrenia.
- Use predicts high school/college failure



2.5 OUNCES OF MARIJUANA

### **AND THERE'S MORE ...**

- Over 107 million Americans tried MJ at least once; approx. 2.6 million used for the first time in 2011.
- In 2010, 17.4 million Americans ages 12 and up (6.9% of population)=current users; 4.5 million classified with MJ dependence or abuse.
- Contrary to common belief, MJ is addictive. Approx. 9 % of users become addicted; the number increases for those starting young: about 17% (1 in 6) and for daily users (to 25-50 %).
- Long-term users trying to quit report withdrawal symptoms: irritability, sleeplessness, decreased appetite, anxiety, depression and drug craving, all of which threaten abstinence.



## **BETWEEN 2004 TO 2011 MARIJUANA-RELATED EMERGENCY ROOMS VISITS INCREASED 52% (445,000 OR 146.2 VISITS PER 100,000 POPULATION)**

- Smoke, as with tobacco, is a toxic mixture of gases and particulates, many of them harmful to the lungs. It may promote lung and respiratory tract –given the 70% more irritants and carcinogens than tobacco.
- Schedule I drugs are subject to strict controls and the harshest penalties for violating these controls because they have “a high potential for abuse,” “no currently accepted medical use in treatment in the United States,” and lack “accepted safety for use of the drug [] under medical supervisions.” 21 U.S.C. §812(b)(1) and deemed the most dangerous controlled substances..., and may lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).
- A federal process is available to reschedule drugs

“No state, no executive can nullify a statute that has been passed by Congress,” the director of the White House Office of National Drug Control Policy, April 2013.”

Current FDA- approved medications made from THC:

Marinol, Cesamet: synthetic, pill form, relieves nausea and vomiting; used to reverse weight loss in AIDS patients.

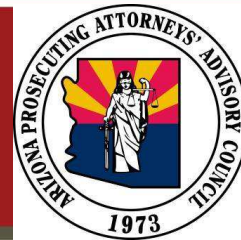
Savitex : Combines 2 ingredients of THC & cannabidiol; approved in Canada, UK; undergoing FDA approval in U.S.

Drug Treatment: 2010 treatment admissions rate for primarily marijuana =21 % higher (127 per 100,000 population aged 12 and older), than 2000 (105 per 100,000)  $\frac{3}{4}$  were male average age 25<sup>1</sup>

Admissions for primarily marijuana (not other drugs) aged 12 or older increased from 14 % of admissions in 2000 to 18% in 2010.

# MARIJUANA

## FAST FACTS



In Arizona, only 6.3% of the 2009 inmate population was committed for drug possession as the most serious offense. Of those, 95% are repeat offenders, 38% have a history of felony violence. And less than 1% are in for marijuana possession.

An astonishingly high number of criminal offenders are MJ users

Arrestee Drug Abuse Monitoring program (ADAM II), UAs from adult male arrestees in five cities over a 21-day period in 2012 showed marijuana as the most prevalent drug; positive tests by city: 37% Atlanta/ 58% Chicago/ 51% New York/ 54% Sacramento/ 44% Denver.

MARIJUANA AND INCARCERATION

## MARIJUANA AND DRIVING

Research shows that user/drivers have **slower reaction times, impaired judgment**, leading to difficulty responding to signals and sounds.

The skills needed to drive safely – alertness, concentration, coordination, judgment, and reaction time – are controlled by the same parts of the brain affected by THC. Driving under the influence of marijuana is illegal, and has consequences: loss of license, fines & jail but it is also **dangerous**.

People often pose the rhetorical question “has **anyone ever died** from using marijuana?” The answer is yes when it is the cause of an otherwise avoidable auto accident.

## ARIZONA YOUTH SURVEY 2012

- 30- day use by teens increased from 2008 to 2012 14.4% (cumulative), although there was a slight decrease between 2010-2012.
- Marijuana and ecstasy were the only 2 out of 16 substances for which teen use went up.
- 2012: the first time in history that 30-day marijuana use surpassed 30-day cigarette use.
- 11.6% of youth obtained marijuana from a medical marijuana cardholder (probably a low estimate as other answers include from friends and family)
- Youths (users and non-users alike) think marijuana is far less risky than tobacco and prescription drugs.

# MARIJUANA

## FAST FACTS



2/3 of American adults drink alcohol at least once during the course of a year

13.8 million Americans (17%) either abuse alcohol or suffer from alcoholism

76 million Americans (43 %) have alcoholism in their families

In 1998, alcohol cost an estimated \$185 billion in lost productivity, illness, premature death, and healthcare expenditures, with 45 % of that falling on abusers and their families and 38 % on government (through lost or reduced tax revenue), the economic costs of the criminal justice system, higher insurance premiums, not to mention social costs of alcohol-related crimes and trauma.

### **COSTS AND BENEFITS:**

Potential federal/state tax revenue would pale compared to social/health costs: alcohol taxes raise \$14.5 billion yearly, tobacco \$25 billion, covering only 6% of the nation's alcohol cost to society and 13% of tobacco's costs.

## SOURCES

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